

ANNUAL REPORT OF AUTONOMOUS VEHICLE DISENGAGEMENT

Instructions: Print as many pages as needed. Submit completed report to: Department of Motor Vehicles, Autonomous Vehicle Program, P.O. BOX 932342, MS L224, Sacramento, CA 94232-3420

NAME OF MANUFACTURER Continental BUSINESS MAILING ADDRESS 3901 North First Street						AVT NUMBER AVT040		
			CITY San Jose		STATE CA	ZIP CODE 95134	(408) 3003342	
ECTION :	2 — DISENGAGEMENT E	VENT DETAIL Use	one row for each diseng	gagement event.				
DATE	VIN NUMBER	DISENGAGEMENT INITIATED BY (AV System, Test Driver, Remote Operator, or Passenger)	DISENGAGEMENT LOCATION (Interstate, Freeway, Highway, Rural Road, Street, or Parking Facility) DESCRIPTION OF FACTS CAUSING DISENGAGEMENT *				:NGAGEMENT *	
4	VEHICLE IS CAPABLE OF OPERATING		,	Continental's first report, is road tests be conducted in	ontinental's first report, from Sept 2017 to Nov 30 of 2018, there is a ad tests be conducted in autonomouse mode.			
	WITHOUT A DRIVER YES V NO	VYES NO						
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO							
	VEHICLE IS CAPABLE OF OPERATING	DRIVER PRESENT	(4)					
	WITHOUT A DRIVER YES NO							
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO							
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO							
			F 7					
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO	DRIVER PRESENT YES NO				· ·		
	VEHICLE IS CAPABLE OF OPERATING			V 2				
	WITHOUT A DRIVER YES NO	YES NO						
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO							

^{*} Additional information regarding the causes of the disengagement may be submitted as an attachment. If an attachment is provided, indicate the specific attachment number for the disengagement event.

SECTION 3 — DISENGAGEMENT AND AV MILES SUMMARY PER VEHICLE Total Number of Miles Tested in Autonomous Mode (December 31 to November 30) **Annual Total of VIN Number** Disengagements **ANNUAL February** December January March **April** May June July August September October November **TOTAL** 0 0 10 0 0 0 0 0 0 0 0 0 **SECTION 4 — ACKNOWLEDGMENT** PRINTED NAME OF AUTHORIZED REPRESENTATIVE TITLE Customer Chief Engineer **Zuomin Dong** DATE SIGNED 01/17/2019 SIGNATURE X STREET ADDRESS STATE ZIP CODE CITY 3901 North First Street San Jose CA 95134 EMAIL ADDRESS FAX NUMBER TELEPHONE NUMBER tony.dong@continental-corporation.com (408 \3003342